


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000094056 1. Entity Name FLATWOOD SERVICES, LLC	
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Principal Place of Business 1221 W. IMOGENE ARCADIA, FL 34266	Mailing Address 1221 W. IMOGENE ARCADIA, FL 34266
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01062008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5605398	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AMES, ANDREW T
128 W. OAK STREET
ARCADIA, FL 34266

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOSLEY, JASON T 1221 W. IMOGENE ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOSLEY, KEITH A 1221 W. IMOGENE ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U000000929594
05/21/08-90076-005 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Andrew T. Ames* *Keith A. Mosley* 4-25-08 9163-990-0287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #